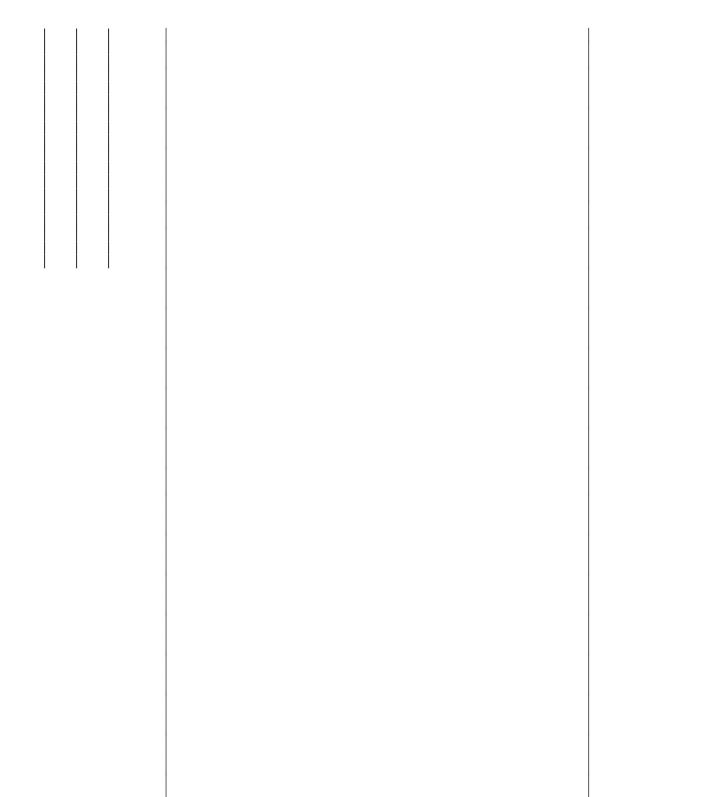
GALLOWAY TOWNSHIP

TONNAGE REPORTING FORM FOR RECYCLED MATERIALS (Calendar Year 2014) CONTRACTOR

*Name of Business *Mailing Address *City, State, Zip				*Contact Person		
					*Email_	
					Fax	
				*Type of org	anization/business	
						* Must be filled
**************************************	AMOUNT	COLLECTED FROM:	**************************************	k**********	**************************************	ADDRESS OF MARKET
			_		·	
			_			
	I, the undersigned, certify that to the best of my knowledge, the information provided is accurate.					
	Print or type name of business representative			Signature		
	Title					



TOWNSHIP OF GALLOWAY OFFICE OF SUSTAINABILITY 300 E. JIMMIE LEEDS ROAD GALLOWAY, NJ 08205